



DEWIPAT No. 30.027.11.US
UNITED STATES PATENT AND TRADEMARK OFFICE

**ASSOCIATE POWER OF
ATTORNEY
And
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---|
| Application Number | 09/740,191 |
| Filing Date | 12/19/2000 |
| First Named Inventor | Liang-Chang Dong |
| Title | Dosage Form Comprising Liquid Formulation |
| Art Unit | 1615 |
| Confirmation Number | 7458 |
| Examiner Name | Humera N. Sheikh |
| Attorney Docket Number | ARC 2556N1 |

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **27777**

OR

☐ The address indicated below:

| | | | | | |
|-----------------|--|-------|--|-----|--|
| Firm/Individual | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Telephone | | Fax | | | |

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

| | | | |
|-----------|----------------|------------------|--------------|
| Name | Samuel E. Webb | Registration No. | 44,394 |
| Signature | | | |
| Date | 3/4/04 | Telephone | 650-564-5106 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.